



HEALTH

MATCH PROGRAM (MAXIMIZING ACCESS TO CHILD HEALTH) SARANGANI CHILD SURVIVAL PROGRAM International Aid

GOAL

To improve the health and quality of life of children aged 5 years and younger by reducing childhood morbidity and mortality due to pneumonia, diarrhea and malnutrition.

STRATEGIC OBJECTIVES

To improve the health seeking behavior and practices leading to increased utilization of health services both by the community and at the facility level with particular focus on equity for indigenous people.

PROJECT COMPONENTS

1. Care Group Strategy. A delivery strategy that uses community volunteers who are trained in health promotion by International (IA). The community volunteers make monthly visits and deliver key messages, developed by WHO and UNICEF, to mothers and other care givers to keep children healthy.

2. Community-IMCI (Integrated Management of Childhood Illnesses). To bring health care closer to home, community health Workers are trained to manage common diseases using locally available medicines and resources.

3. Behavior Change Communication. This strategy targets priority caregiver groups to promote healthy behavior among children by motivating children and their parents to use proven activities to change behavior in communities and households.

Contact information:

Dr. Ester Serrano

Program Manager , MATCH Program
Espa Subdivision, Kiamba
Sarangani Province 9514
Tel. No: 083-509-4007
Cellular: 09216847716
Email: drserrano2k@yahoo.com

PROJECT BACKGROUND

Sarangani Province in Mindanao is predominantly rural with a larger percentage of indigenous peoples than any other province in the Philippines --17 tribal groups make up 40% of the population. Communities are situated in remote highland villages and access to health care is limited to geographic, cultural, language and economic barriers.

MATCH is a three-year program (October 2006-September 2009) implemented by International Aid (IA) in partnership with the provincial health office of Sarangani and the three municipal health offices of Maasim, Kiamba and Maitum.

MATCH empowers community health workers to promote behavior change among community members to reduce the morbidity and mortality of children under 5 years old from diarrhea, pneumonia and malnutrition. Children die of these diseases because of the inability of caregivers to recognize early danger signs and the failure of community members to seek appropriate medical attention due to poor access to health services.

MATCH also works closely with the A2Z project to advocate for the use of zinc to control diarrhea.

Participating communities will be empowered to take responsibilities for the health of their children. At the end of MATCH program, they will have a strengthened community health care system with trained health care workers and care givers adopting the 16-key family practices as identified by WHO and UNICEF.



A health care worker providing immunization during a community outreach visit.